

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL



ମନ୍ଦ୍ରୋଗୀନୟନ OF VOTERS SUTTER COUNTY

Dater Received (1)

Please type or print in ink. 2011 FEB 15 AH II: 11

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)	
	MUNGER	LARRY	E.	
1. Office, Agency,	or Court			
Agency Name				
SUTTER COUN	TY			
	tment, District, if applicable	Your Position		
BOARD OF SUP	PERVISORS	DISTRICT 3	The second secon	
 If filing for multiple p 	positions, list below or on an attachment.			
Agency: SEE ATTA	ACHED LIST	Position:		
2. Jurisdiction of (Office (Check at least one box)			
☐ State		☐ Judge (Statewide Jurisdiction	on)	
Multi-County SUT	TER, YUBA, SACRAMENTO	County of SUTTER		
	nt (Check at least one box)			
Annual: The perior 2010or-	d covered is January 1, 2010, through December 31,	Leaving Office: Date Left (Check one)	1 ————————————————————————————————————	
The period cover 2010.	ered is, through December 31,	 The period covered is leaving office. 	January 1, 2010, through the date of	
Assuming Office:	Date/	 The period covered is of leaving office. 	, through the date	
Candidate: Electio	n Year Office sought, if differ	ent than Part 1:		
4. Schedule Summa	ary			
Check applicable sche	dules or "None." ► To	tal number of pages including th	nis cover page:6	
Schedule A-1 - Inve	estments – schedule attached		Business Positions – schedule attached	
Schedule A-2 - Inve	estments – schedule attached	Schedule D - Income - Gifts - s		
Schedule B - Real	Property – schedule attached	Schedule E - Income - Gifts - 7	ravel Payments - schedule attached	
	-or-			
		on any schedule		
5				
_				
i certify under penalty of perjury under the laws of the State of California that the				
Date Signed 02-	09-11 Sign:	ature_		
	(month, day, year)	4		
		EPPC Toll-Free Hein	line: 866/275-3772 www.fppc.ca.gov	
		1110 tou-i ice tielb	min agomi o arra minishkanandag	

FORM 700 – ANNUAL STATEMENT January 1, 2010 – December 31, 2010

LARRY MUNGER

Committee Member

Feather River Air Quality Management District Regional Council of Rural Counties Sacramento Valley Air Basin Yuba-Sutter Transit

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

LARRY MUNGER

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
UMPQUA BANK	EDWARD JONES
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
STOCK	STOCK
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 X \$10,001 - \$100,000	▼ \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership (O Income Received of \$0 - \$499	(Describe) Partnership (Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 10 / /_10_
ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAID MARKET VALUE	TAID AM DIGIT WHILE
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$10,000 \$10,000 \$10,000
	1 4100,001 - 41,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Name

LARRY MUNGER

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
SOUTH BUTTE HUNTING CLUB	
Name	Name
6790 SOUTH BUTTE ROAD, SUTTER	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY SALE OF PHEASANTS	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Sole Proprietorship Partnership Other	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION OWNER	YOUR BUSINESS POSITION
 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) 	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
	S0 - \$499 S10,001 - \$100,000
L \$0 - \$499	\$10,001 - \$100,000 \$500 - \$1,000
\$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE	A INVESTMENTS AND INTERESTS IN DEAL PRODUCTY HELP BY THE
BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
:	
Name of Business Entity or	Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property	Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
and a comme common of freat Flopetty	Gity of Other Piecise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	
Cher	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property
'	are attached
'ommonte:	EDDO E 700 (0040(0044) C-L 4 0

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMISSION
Name
LARRY MUNGER

► STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
7803 SOUTH BUTTE ROAD	
СПТУ	CITY
SUTTER	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	MATURE OF INTEREST
Ownership/Deed of Trust Easement	NATURE OF INTEREST Ownership/Deed of Trust Easement
	Ownership Deed of Hust Lasement
Yrs. remaining Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
[] \$0 - \$499	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
∑ \$10,001 - \$100,000 ☐ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
	11

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
LARRY MUNGER		

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

► NAME OF SOURCE	Numer of courses
REGIONAL COUNCIL OF RURAL COUNTIES	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1215 K STREET, SUITE 1650	ADDRESS (Dusiness Address Acceptable)
CITY AND STATE	CITY AND STATE
SACRAMENTO, CA 95814	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 01 , 01 , 10 - 12 , 31 , 10 AMT: \$ 1,559.38	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: MEALS/REGISTRATION/LODGING/ TRAVEL EXPENSES RELATED TO EVENTS FOR RCRC	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):// AMT; \$	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	